

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>		BUREAU OF VITAL STATISTICS	
District of <u>San Carlos</u>		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>127</u>	
or _____		County Registrar No. <u>458</u>	
City of _____		Local Registrar No. _____	
No. _____		St. _____ Ward _____	
2. Full name of child <u>Emma Delena</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
		(If child is not yet named, make supplemental report, as directed.)	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
7. Date of birth <u>12 1 24</u>		Month Day Year	
8. FATHER Full name <u>Simon Delena</u>		14. MOTHER Full maiden name <u>Jessie Lays</u>	
9. Residence (Usual place of abode) <u>San Carlos</u> If non-resident, give place and state. <u>Ariz</u>		15. Residence (Usual place of abode) <u>San Carlos</u> If non-resident, give place and state. <u>Ariz</u>	
10. Color or race <u>4/4 Indian</u>	11. Age at last birthday <u>44</u> (Years)	16. Color or race <u>4/4 Indian</u>	17. Age at last birthday <u>39</u> (Years)
12. Birthplace (city or place) <u>San Carlos</u> (State or country) <u>Ariz</u>		18. Birthplace (city or place) <u>San Carlos</u> (State or country) <u>Ariz</u>	
13. Occupation Nature of industry <u>Farmer</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>		<u>No</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7 A</u> m. on the date above stated (Born alive or stillborn)			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. A. Sawyer M.D.</u> (Physician or midwife)	
		Address <u>San Carlos, Ariz</u>	
Given name added from a supplemental report _____		Filed <u>1-5-25</u> 19 <u>25</u>	
Month, day, year _____		Local Registrar <u>B. J. L. J. J.</u> County Registrar	
Registrar _____			

541-1201-635